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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

DMAP Pro Se: EEOO Complaint

United States District Court

Click here to enter text.

Dr. Kay Morgan

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Dr. Marty Bray

Mississippi State University

Case No. 1:23W072-SA-DAS

(To be filled out by Clerk's
Office only)

Jury Demand?

☐ Yes

☒ No

(In the space above enter the full name(s) of the defendant(s).
If you cannot fit the names of all of the defendants in the
space provided, please write "see attached" in the space
above and attach an additional sheet of paper with the full list
of names. The names listed in the above caption must be
identical to those contained in Section I. Do not include
addresses here.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

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I. PARTIES**Plaintiff**

Name (Last, First)

List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff: Morgan, Kay, R
 Name (Last, First, MI)
940 MS-Highway 12 East. Apartment 5308
 Street Address
Oktibbeha, Starkville MS 39759
 County, City State Zip Code
2027709796 kay.morgan@outlook.com
 Telephone Number E-mail Address (if available)

Defendant(s)

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant resides or does business. Make sure that the defendant(s) listed below are identical to those contained in the caption. Attach additional sheets of paper as necessary.

Defendant 1: Bray, Marty
Industrial Education Building
108 Herbert Street. Office 103 - A. Mail Stop 9730.
 Street Address
Oktibbeha, Mississippi State MS 39762
 County, City State Zip Code

Nature of business: Education

Defendant 2: Mississippi State University
 Name (Last, First)
103 Russell Street
 Street Address
Oktibbeha, Starkville MS 39759
 County, City State Zip Code

Nature of business: Education

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II. CAUSE OF ACTION*Check only the options below that apply in your case.*

This employment discrimination lawsuit is brought under:

- ☒ **Title VII of the Civil Rights Act of 1964**, as amended, 42 U.S.C. §§ 2000e, et seq., for employment discrimination on the basis of race, color, religion, sex, or national origin.
- ☐ **Age Discrimination in Employment Act of 1967**, as amended, 29 U.S.C. §§ 621, et seq., for employment discrimination on the basis of age. My year of birth is: _____.
- ☐ **Rehabilitation Act of 1973**, as amended, 29 U.S.C. §§ 701, et seq., for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance.
- ☐ **Americans with Disabilities Act of 1990**, as amended, 42 U.S.C. §§ 12101, et seq., for employment discrimination on the basis of a disability.
- ☐ Click here to enter text.

This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

III. STATEMENT OF CLAIM

The conduct complained of in this lawsuit involves *(check only those that apply)*:

CLAIM	DATE(S) OF OCCURRENCE	PLACE OF OCCURRENCE
<input type="checkbox"/> failure to hire me		
<input checked="" type="checkbox"/> termination of my employment	March 31, 2023	Mississippi State University
<input type="checkbox"/> failure to promote me		
<input type="checkbox"/> failure to accommodate my disability		
<input checked="" type="checkbox"/> terms and conditions of my employment differ from those of similar employees	8/16/2021-3/31/2023	Industrial Education Building
<input checked="" type="checkbox"/> retaliation	1/16/2022-3/31/2023	Industrial Education Building
<input checked="" type="checkbox"/> harassment	1/16/2022-3/31/2023	Industrial Education Building
<input type="checkbox"/> other (specify below):		

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The conduct of Defendant(s) was discriminatory because it was based on (check only those that apply):

- | | | | |
|---|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> race | <input type="checkbox"/> religion | <input type="checkbox"/> national origin | <input type="checkbox"/> age (year of |
| <input checked="" type="checkbox"/> color | <input checked="" type="checkbox"/> sex | <input type="checkbox"/> disability | birth: _____ |

Facts

State here briefly the specific facts that support your claim:

Termination of employment was based on discrimination on the basis of race, color and sex - he gave privileges and career advancement to white and or male instructors in my program and oppressed nonwhite/female instructor, me

Terms and conditions of my employment differ from those of similar employees - he allowed other white assistant clinical professors to do research, event, leadership, and stopped me from doing all.

Retaliation - Dr. Bray had eliminated me from email loops and events if I did not do what he said, also after I had filed Title IX against him at MSU.

Harassment - Dr. Bray had harassed me with my employment during meetings, every time I proposed to a study or a grant. He told me that I was to concentrate teaching only, yet he supported other instructors of the same rank differently.

IV. ADMINISTRATIVE PROCEDURES

Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal or state agency?

- ☒ Yes (*You must attach a copy of the charge to this complaint.*) Title IX at MSU - attached.
- ☐ No

Have you received a Notice of Right to Sue from the EEOC?

- ☐ Yes (*You must attach a copy of the Notice of the Right to Sue.*)
- ☒ No I have not yet filed with EEOC due to Title IX at MSU.

V. RELIEF

The relief I want the court to order is (*check only those that apply*):

- ☐ Direct the defendant to hire the plaintiff
- ☒ Direct the defendant to re-employ the plaintiff
- ☐ Direct the defendant to promote the plaintiff.
- ☐ Direct the defendant to reasonably accommodate the plaintiff's religion
- ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities
- ☒ Direct the defendant to (*specify*):

allow same privileges and decent treatments as allowed to those of similar employees in the same position as Assistant Clinical Professor

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VI. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

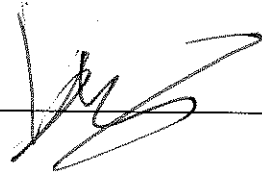
I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

May 1, 2023

Dated

Kay Morgan

Plaintiff's Signature



Morgan, Kay, R.

Printed Name (Last, First, MI)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.